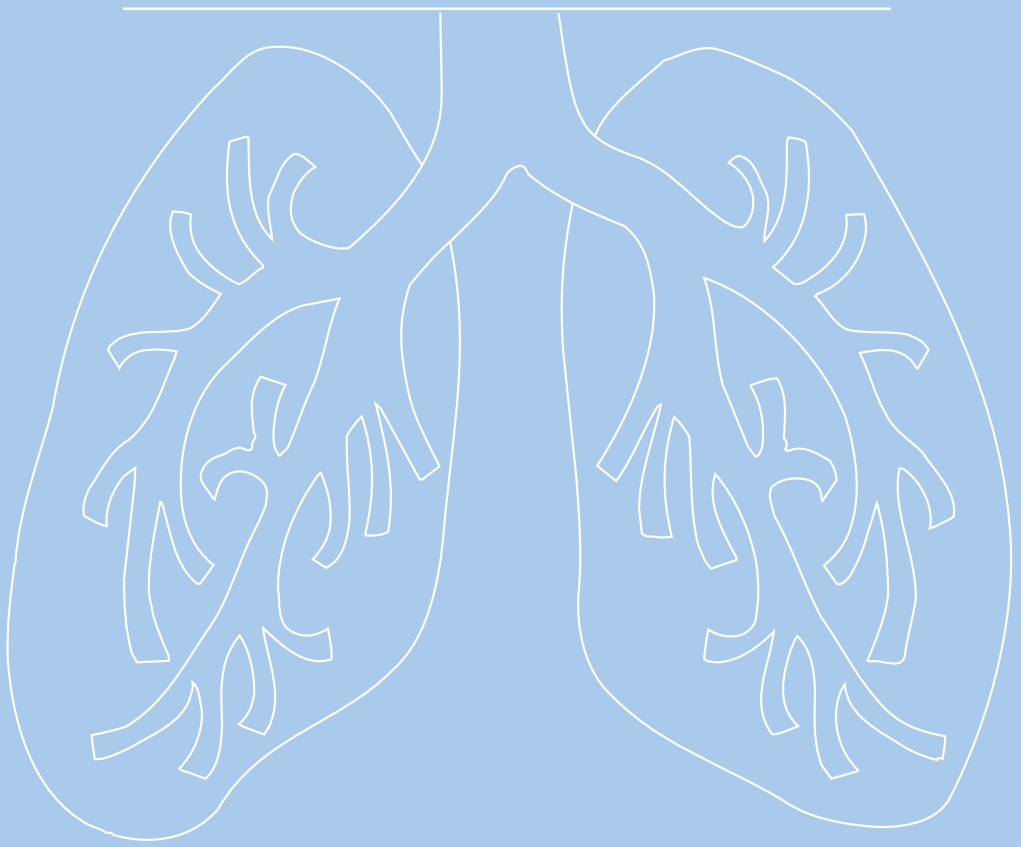
Barriers to Care and Recommendations for Policy



The statements made in this section are based solely on review of the published literature and discussion by the Pediatric Asthma Committee.

Barriers to Care and Recommendations for Policy

Children in families with limited (or no) insurance have limited access to:

- Medical services
- Subspecialty consultation and follow-up
- Medications
- Delivery devices
- Peak flow meters
- Education about avoidance measures

There are over 2,700 federally designated Health Professional Shortage Areas (HPSAs)* in the United States.

- Approximately 12 million children live in HPSAs.
- In HPSAs, even children with health insurance may lack access to health care providers.

* An HPSA is a geographical area with 1 primary care clinician for every 3,500 patients (this ratio may be less under other conditions).

Children are not "little adults," and, thus, it should not be surprising that the delivery of health care to children must differ from that to adults. While the focus of effective interventions for both age groups should be early disease detection and optimizing health maintenance, interventions for children need to consider developmental changes and parental and family involvement in disease management and decision-making. For very young children and infants, the parents are the intermediaries and decision-makers in nearly all aspects of the child's health care. This includes access and entry into the health care system as well as ongoing care. Thus, the ability of the parent(s) to navigate the health care system and to manage their child's health care is an important factor in determining effective care for the child with asthma. Barriers to health care can have a significant impact on children with chronic diseases.

What barriers to health care can affect children with asthma?

- Poverty
- Single-parent family
- Multiple caregivers
- Financial incentives promoting acute, episodic care rather than continuity of care
- Limited (or no) health insurance
- Multiple parental responsibilities
- Lack of school health professionals
- Lack of community resources
- Lack of financial resources for appropriate home environmental control of allergies

Consider…

- More than 1 in 5 children in the U.S. live in poverty.
  - ⇒ Nearly 1 in 3 children will experience poverty before age 16.
- Children under the age of 18 account for over 33% of medically underserved persons.
- 25% of families in the U.S. are single-parent households.
- Single-parent families are less likely to use preventive and ambulatory care services.
- Many schools lack school health facilities and do not have a health professional.
  - ⇒ During the school day, the student with asthma may not have access to adults trained in asthma management, nor adequate access to their medications.

Inadequate management of a child's asthma may also result from barriers associated with:

- Language
- Fears about medicines (e.g., side effects, potential for addiction, loss of potency over time)
- Cultural differences in health beliefs
- Living conditions

Barriers within the system include:

- Limits to coverage for pre-existing conditions
- Ease of transition (e.g., from dependent to independent coverage; out of public assistance)
- Deductibles and copayments
- Limits on the number of well-care/follow-up visits
- Limited time for routine patient visits
- Limits on specialist referral (for consultation or co-management)
- Limited reimbursements
- Limited support and availability of patient education programs
- Lack of case-management (and case-managers)

What can you do to overcome barriers to care?

- Think creatively about how you use generic medications.
- Be accessible to your patients and their families. Follow up by phone, if possible.
- Contact pharmaceutical companies and/or medical organizations to subsidize medications for children in low income families.
- Advocate hiring of, and family access to, school health personnel, particularly in medically underserved areas.
- Work with the community-based resources (e.g., schools, daycare centers, community centers) that provide support and services for children with asthma and their families.
- Develop educational materials in an appropriate language and format for the pediatric population.

It is not always easy for parents to find the time needed to obtain and follow through with adequate health care for their child.

- Parents' daily lives are influenced by work-related issues, by responsibilities outside of work (particularly in extended families), and by the availability of transportation. These factors may affect parents' decision-making for their child's health care.
- Improving the availability of, and accessiblity to, health care will improve the quality of life for many children with asthma.

The lack of regular, comprehensive care for many children undermines the opportunity for screening, and limits follow-up. Therefore, many children with asthma may remain undiagnosed and/or poorly managed.

The costs to society of appropriate health care for children with asthma are less than the consequences of inadequate care.

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